

**FEC
FORM 3P****REPORT OF RECEIPTS
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

Willie Wilson 2016

ADDRESS (number and street)

345 E. Wacker Unit 4601

Check if different
than previously
reported. (ACC)

Chicago

CITY

IL

STATE

60601

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00577916

3. THIS REPORT IS FOR Primary ☒ or General ☐**4. TYPE OF REPORT** (Choose One)Check here if this is a Termination Report (TER) ☒

Quarterly Reports:

- ☐ April 15 (Q1) ☐ October 15 (Q3)
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)

Monthly Reports:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Electionon / / ☐ Twelfth day report preceding electionon / / in the State of

Is this Report an Amendment?



yes



no

5. Covering Period

03

01

2016

through

03

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Andre Fair

Signature of Treasurer

Andre Fair

[Electronically Filed]

Date

06

08

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
 All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

Write or Type Committee Name

Willie Wilson 2016

Report Covering the Period:

From:

M M
03D D
01Y Y Y Y
2016

To:

M M
03D D
31Y Y Y Y
2016**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	8803.84
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	62188.70
8. SUBTOTAL (Lines 6 and 7)	70992.54
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	55036.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	15956.54
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	1055100.00
13. EXPENDITURES SUBJECT TO LIMITATION	1041183.71

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	35390.25
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	1041183.71

DETAILED SUMMARY PAGE of Receipts

FEC Form 3P (Rev. 03/2011)

PAGE 3 / 44

NAME OF COMMITTEE (in Full)

Willie Wilson 2016

Report Covering the Period:

From:

M M / D D / Y Y Y Y
03 / 01 / 2016

To:

M M / D D / Y Y Y Y
03 / 31 / 2016**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	1983.00	28685.00
(ii) unitemized	348.25	6705.25
(iii) Total contributions	2331.25	35390.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	2331.25	35390.25
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	50000.00	1055100.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	50000.00	1055100.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	9857.45	9931.40
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	9857.45	9931.40
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	62188.70	1100421.65

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

PAGE 4 / 44

NAME OF COMMITTEE (in Full)

Willie Wilson 2016

Report Covering the Period:

From:

M M / D D / Y Y Y Y
03 / 01 / 2016

To:

M M / D D / Y Y Y Y
03 / 31 / 2016**II. DISBURSEMENTS****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

23. OPERATING EXPENDITURES.....	55036.00	1051115.11
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	33350.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	55036.00	1084465.11

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

C00577916

Willie Wilson 2016

ADDRESS (number and street)

345 E. Wacker Unit 4601

Chicago

CITY

IL

STATE

60601

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 44

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Willie Wilson 2016

A. Full Name (Last, First, Middle Initial)

Rev. Joseph L. Henry

Mailing Address 2021 W. 171st Street

City	State	Zip Code
Hazel Crest	IL	60429-1304

FEC ID number of contributing federal political committee.

C

Name of Employer
Omega Missionary Baptist Church

Occupation
Pastor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : A515D1DDB28CC45A5AF8

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Gary Partee

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Transaction ID : AABC5B73588294359A9A

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2016

Amount of Each Receipt this Period

200.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Diann Williams Baker

Mailing Address 1936 S. 12th Ave

City	State	Zip Code
Maywood	IL	60153-3120

FEC ID number of contributing federal political committee.

C

Name of Employer
Omar Medical Supplies

Occupation
Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

Transaction ID : A8E0583A136F048D5930

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

250.00

Total This Period (last page this line number only).....

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

A. Full Name (Last, First, Middle Initial)

Janette Wilson

Mailing Address 3810 Streamwood

City	State	Zip Code
Hazel Crest	IL	60429-2454

FEC ID number of contributing federal political committee.

C

Name of Employer
Cook County Government

Occupation
Admin Analyst

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : A84874B5F48E04E60B92

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		07		2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Andre Harrison

Mailing Address 5839 Woodgate Dr

City	State	Zip Code
Matteson	IL	60443-1140

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation
Information Requested

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : A296B45080B28468DB0A

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		07		2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Rev. Joseph L. Henry

Mailing Address 2021 W. 171st Street

City	State	Zip Code
Hazel Crest	IL	60429-1304

FEC ID number of contributing federal political committee.

C

Name of Employer
Omega Missionary Baptist Church

Occupation
Pastor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Transaction ID : A21E0CEE53EAE463B9F9

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		07		2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

625.00

Total This Period (last page this line number only).....

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 44

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

A. Full Name (Last, First, Middle Initial)

Diann Williams Baker

Mailing Address 1936 S. 12th Ave

City	State	Zip Code
Maywood	IL	60153-3120

FEC ID number of contributing federal political committee.

C

Name of Employer
Omar Medical Supplies

Occupation
Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

978.00

Transaction ID : A4495D6326B4E4B9AB9E

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		07		2016

Amount of Each Receipt this Period

608.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Michael Thompson

Mailing Address 4 Bridget CT

City	State	Zip Code
Burr Ridge	IL	60527-7945

FEC ID number of contributing federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : A383E13F15E8C449EB10

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		12		2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1108.00

Total This Period (last page this line number only)

1983.00

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 44

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

A. Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

Mailing Address **345 E. Wacker Unit 4601**

City	State	Zip Code
Chicago	IL	60601-5275

FEC ID number of contributing federal political committee. **C** **P60007515**

Name of Employer
Omar Medical Supplies

Occupation
Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1055100.00

Transaction ID : AC9AC7369E8374F2BAAE

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2016

Loan

Amount of Each Receipt this Period

50000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

50000.00

Total This Period (last page this line number only).....

50000.00

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 44

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

A. Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. BOX 851001

City	State	Zip Code
Dallas	TX	75285-1001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9857.45

Transaction ID : A8EBF0DAF78444C30A98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2016			

Refund from Bank of America

Amount of Each Receipt this Period

4923.84

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. BOX 851001

City	State	Zip Code
Dallas	TX	75285-1001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4933.61

Transaction ID : A9882FF53527E4117887

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			29			2016			

Refund from Bank of America

Amount of Each Receipt this Period

4933.61

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

9857.45

Total This Period (last page this line number only).....

9857.45

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Faith Based Communication Inc

Mailing Address 2250 S 14th Avenue

City State Zip Code
Broadview IL 60155-4002

Purpose of Disbursement
Media

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2016

Transaction ID : B0656510A2DB1464EB35

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2221 North First Street

City State Zip Code
San Jose CA 95131-2021

Purpose of Disbursement
fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2016

Transaction ID : BC3E17E575A574419BD1

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Paypal

Mailing Address 2221 North First Street

City State Zip Code
San Jose CA 95131-2021

Purpose of Disbursement
fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2016

Transaction ID : BF5195C8170194A7096D

Amount of Each Disbursement this Period

0.45

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10001.48

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 44

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Rickey Hendon

Mailing Address 2800 W. Washington Unit 202

City State Zip Code
Chicago IL 60612-1940

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2016

Transaction ID : B36EDA6DD94464AD4A45

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Terrell Wilson

Mailing Address 123 Lester Road

City State Zip Code
Park Forest IL 60466-2011

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2016

Transaction ID : B80F8D3C35CED4877B45

Amount of Each Disbursement this Period

1018.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Betty Jones

Mailing Address 301 West Marquette Road
Apt# 107

City State Zip Code
Chicago IL 60621-3891

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2016

Transaction ID : B2281A0BC79FF4A44953

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7418.36

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Terrell Wilson

Mailing Address 123 Lester Road

City

Park Forest

State

IL

Zip Code

60466-2011

Purpose of Disbursement
Campaign Consulting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2016

Transaction ID : B1E4A343010C8472D93F

Amount of Each Disbursement this Period

1300.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Louis Young

Mailing Address 530 Piedmont
Suite#114

City

Atlanta

State

GA

Zip Code

30308-4404

Purpose of Disbursement
Convention space

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2016

Transaction ID : BA4827F604D2E439EB3E

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gossip Genie, LLC

Mailing Address 1546 N. Orleans #1006

City

Chicago

State

IL

Zip Code

60610-2490

Purpose of Disbursement
Consulting: Advertising & PR

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2016

Transaction ID : BC042A51C14E842B4A39

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4150.32

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Ringold Financial Management Services

Mailing Address 850 S. Wabash #320

City State Zip Code
Chicago IL 60605-3642

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2016

Transaction ID : BCFB4B772E77A47D2B20

Amount of Each Disbursement this Period

2600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.Net (Utah)

Mailing Address P.O. Box 947

City State Zip Code
American Fork UT 84003-0947

Purpose of Disbursement
Payment Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2016

Transaction ID : B378DC8FE1DC0467F82C

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Metro Monitor

Mailing Address 612 37th Street South

City State Zip Code
Birmingham AL 35222-3204

Purpose of Disbursement
TV News Monitoring Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2016

Transaction ID : B4E3BD5451AA74321901

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 2975.00

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Dawn Hendon

Mailing Address 901 Lake

City
Oak Park

State
IL

Zip Code
60303-1000

Purpose of Disbursement
Campaign Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2016

Transaction ID : B3D6FD4AE4B99498285A

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kashia Johnson

Mailing Address 3327 W. Beltline

City
Columbia

State
SC

Zip Code
29204

Purpose of Disbursement
Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2016

Transaction ID : BEE8012599C94453E857

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Terrell Wilson

Mailing Address 123 Lester Road

City
Park Forest

State
IL

Zip Code
60466-2011

Purpose of Disbursement
Campaign Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2016

Transaction ID : B1C6DB9560F4F4CA38D5

Amount of Each Disbursement this Period

1302.41

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2802.41

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Morris Consulting

Mailing Address 9249 S. Cicero #539

City State Zip Code
Oak Lawn IL 60454-4924

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2016

Transaction ID : BE4FB094DED4246F1B71

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WFLD WPWR

Mailing Address 205 N. Michigan Ave.

City State Zip Code
Chicago IL 60601-5927

Purpose of Disbursement
Media

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2016

Transaction ID : B09E95501511D4123B28

Amount of Each Disbursement this Period

7029.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Paypal

Mailing Address 2221 North First Street

City State Zip Code
San Jose CA 95131-2021

Purpose of Disbursement
fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 05 / 2016

Transaction ID : B4253724B4F6A4F0A9B5

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

8530.53

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. First Community Financial Bank

Mailing Address 14150 U.S. 30

City State Zip Code
Plainfield IL 60544

Purpose of Disbursement
Paid item fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2016

Transaction ID : B177797B5B92348FC9D6

Amount of Each Disbursement this Period

64.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ABC National Sales

Mailing Address 4100 City Ave

City State Zip Code
Philadelphia PA 19131-1610

Purpose of Disbursement
Media

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2016

Transaction ID : B1F009BC5358F4A9C806

Amount of Each Disbursement this Period

7862.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First Community Financial Bank

Mailing Address 14150 U.S. 30

City State Zip Code
Plainfield IL 60544

Purpose of Disbursement
Overdraft fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2016

Transaction ID : BB5C0AB8959324D6A94C

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7931.50

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 2221 North First Street

City
San Jose

State
CA

Zip Code
95131-2021

Purpose of Disbursement
fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2016

Transaction ID : BC2B8AE5A47254CBBB60

Amount of Each Disbursement this Period

0.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kashia Johnson

Mailing Address 3327 W. Beltline

City
Columbia

State
SC

Zip Code
29204

Purpose of Disbursement
Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 08 / 2016

Transaction ID : BE25638CB28554588853

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Rickey Hendon

Mailing Address 2800 W. Washington Unit 202

City
Chicago

State
IL

Zip Code
60612-1940

Purpose of Disbursement
Campaign Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 08 / 2016

Transaction ID : BC7E3076E72B2482EBA5

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

7000.59

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. First Community Financial Bank

Mailing Address 14150 U.S. 30

City State Zip Code
Plainfield IL 60544

Purpose of Disbursement
Charge back fee for 50k check

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2016

Transaction ID : B8FBEEACDD5B450ABAE

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Morris Consulting

Mailing Address 9249 S. Cicero #539

City State Zip Code
Oak Lawn IL 60454-4924

Purpose of Disbursement
Consulting Fees Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 14 / 2016

Transaction ID : B6EF30635FB7942C4B88

Amount of Each Disbursement this Period

168.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Victory Research

Mailing Address 140 S. Huron

City State Zip Code
Westmont IL 60559

Purpose of Disbursement
Research Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 14 / 2016

Transaction ID : B7CF7F546536B4CA19FF

Amount of Each Disbursement this Period

922.89

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1095.89

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. SPD Press

Mailing Address 1444 W. 37th Street

City State Zip Code
Chicago IL 60609-2112

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 14 / 2016

Transaction ID : BBC4A60347FBB4B8481A

Amount of Each Disbursement this Period

55.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2221 North First Street

City State Zip Code
San Jose CA 95131-2021

Purpose of Disbursement
fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 14 / 2016

Transaction ID : B05D1E3A0AC3242FBAAE

Amount of Each Disbursement this Period

14.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Morris Consulting

Mailing Address 9249 S. Cicero #539

City State Zip Code
Oak Lawn IL 60454-4924

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 22 / 2016

Transaction ID : BCC34BA2C9DCB40BD965

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional)..... 3069.92

Total This Period (last page this line number only).....

SCHEDULE B-P **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. First Community Financial Bank

Mailing Address 14150 U.S. 30

City
Plainfield

State
IL

Zip Code
60544

Purpose of Disbursement
Stop payment Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 23 / 2016

Transaction ID : B2317F4D78F7F4E89B58

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

30.00

Total This Period (last page this line number only).....

55006.00

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

PAGE 24 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C7458D54E6F034E64B03

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M 02 /

D 29 /

Y 2016

Date Due

M 02 /

D 29 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....

25000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 25 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : CEF8421D60BAE401B8F8

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M 09 / D 22 / Y 2015

Date Due

M 09 / D 22 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....

40000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

PAGE 26 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C4804906CC4544DB0BB2

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M 01 /

D 12 /

Y 2016

Date Due

M 01 /

D 12 /

Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

25000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 27 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : CD33FEF167F914A9EA26

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

M 07 /

D 06 /

Y 2015 Y Y Y Y

Date Due

M 07 /

D 06 /

Y 2016 Y Y

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

20000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 28 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C256CAA590DFF4E87827

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M 10 /

D 05 /

Y 2015

Date Due

M 10 /

D 05 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

100000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 29 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : C63BD7D6698F14BB3B2B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M 06 /

D 22 /

Y 2015

Date Due

M M /

D D /

Y On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

50000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

PAGE 30 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C43B8173ABB0F4FB88AA

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M 12 /

D 03 /

Y 2015

Date Due

M 12 /

D 03 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

150000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 31 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C2F0B174DB0BE4DBBBD1

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M 12 /

D 29 /

Y 2015

Date Due

M 12 /

D 29 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

50000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

PAGE 32 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C43A35BF5B85C40FC8E1

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M 11 /

D 10 /

Y 2015

Date Due

M 11 /

D 16 /

Y 2015

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

100000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 33 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : C864923645EFE4219A9D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M 12 /

D 30 /

Y 2015 Y Y Y Y

Date Due

M 12 /

D 30 /

Y 2016 Y Y

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

50000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

PAGE 34 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : CDF976F5A83C4417DA53

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

M 09 /

D 10 /

Y 2015 Y Y Y Y

Date Due

M 09 /

D 10 /

Y 2016 Y Y Y Y

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

30000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

PAGE 35 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C37B5BB3BACAE43ADBB6

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

M 05 /

D 14 /

Y 2015

Date Due

M M /

D D /

Y On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

100.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 36 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : CF0B87667BCBA420D9F0

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M 01 /

D 22 /

Y 2016

Date Due

M 01 /

D 22 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

25000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

PAGE 37 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : CCE33AC88DA49462E8F0

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M 07 /

D 21 /

Y 2015

Date Due

M 07 /

D 21 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

100000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 38 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : C068C97725DFD4D338E9

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

M 01 /

D 26 /

Y 2016

Date Due

M 01 /

D 26 /

Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

70000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 39 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

Transaction ID : CF04F64B43C8D4B44A88

NAME OF COMMITTEE (In Full)
Willie Wilson 2016**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

M 02 /

D 17 /

Y 2016

Date Due

M 02 /

D 17 /

Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

70000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : C9E900428BD3D4CD68F9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M 01 /

D 07 /

Y 2016

Date Due

M 01 /

D 07 /

Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

5000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P
LOANSUse separate schedule(s) for each category of
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : C4C671724E38B494C9D5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

M 10 /

D 27 /

Y 2015

Date Due

M 10 /

D 27 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

20000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE 42 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : CC9AC7369E8374F2BAAE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M 03 / D 14 / Y 2016

Date Due

M 03 / D 14 / Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : CB0C294386C204D94AB8

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M 02 /

D 10 /

Y 2016

Date Due

M 02 /

D 16 /

Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

50000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P
LOANS**Use separate schedule(s) for each category of
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)NAME OF COMMITTEE (In Full)
Willie Wilson 2016

Transaction ID : CD18D69B26195434285D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M 08 / D 27 / Y 2015

Date Due

M 08 / D 27 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....

25000.00

Total This Period (last page this line number only).....

1055100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.